

## ***Arizona Dictionary and Taxonomy of Human Services*** **Request for a New or Revised Program/Cluster/Service**

Please complete all the information on this form and forward to the Arizona Taxonomy Committee Chairperson identified in the appendix. Recommendations for new or revised services should be received prior to September of each calendar year in order to ensure inclusion in the document.

Name of Agency/Department/Administration requesting change: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of individual Taxonomy Committee member submitting the request: \_\_\_\_\_

Name of ATC member submitting the request: \_\_\_\_\_

Program/Service Title (Proposed or existing): \_\_\_\_\_

Proposed Service/Program description: \_\_\_\_\_

Proposed Taxonomy Reporting Measure (TRM): \_\_\_\_\_

Service Code Number: \_\_\_\_\_ (If modifying an existing service)

Proposed Location in Taxonomy: \_\_\_\_\_ Cluster: \_\_\_\_\_

Program: \_\_\_\_\_

### **CRITERIA FOR A SERVICE:**

The following criteria apply to all services to be added or modified in the *Arizona Dictionary and Taxonomy of Human Services*.

A service and program description is general, mutually exclusive and states what is provided.

The Service/Program description is:

mutually exclusive or discrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
non-target group specific	<input type="checkbox"/> Yes	<input type="checkbox"/> No
non-setting specific	<input type="checkbox"/> Yes	<input type="checkbox"/> No
non-funder specific	<input type="checkbox"/> Yes	<input type="checkbox"/> No
activity-based (level of intensity may vary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
required by federal law*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

source \_\_\_\_\_

required by state statute\* ☐ Yes ☐ No

source \_\_\_\_\_

\*Attach Documentation of federal/state requirement.

**FOR NEW SERVICES/PROGRAMS**

What other existing services were reviewed?

Why won't the proposed service fit into an existing service title(s)? What is unique about the activities of this service that makes it different from an existing service(s)?

**FOR CHANGES TO EXISTING SERVICES/PROGRAMS (INCLUDING DELETIONS OF SERVICES):**

What is the reason/justification for the change?

**SUBCOMMITTEE RECOMMENDATION:** N/A \_\_\_\_\_ **ACCEPT:** \_\_\_\_\_ **REJECT:** \_\_\_\_\_

Reasons for Recommendation (Acceptance or Rejection)

PRO:

ASSIGNED TO: Cluster \_\_\_\_\_ Program \_\_\_\_\_

CON:

(If rejected, attach detailed justification)

Chair \_\_\_\_\_ Date \_\_\_\_\_

**ARIZONA TAXONOMY COMMITTEE ACTION:** **ACCEPT:** \_\_\_\_\_ **REJECT:** \_\_\_\_\_

Reasons for Recommendation (Acceptance or Rejection)

PRO:

ASSIGNED TO: Cluster \_\_\_\_\_ Program \_\_\_\_\_

CON:

(If rejected, attach detailed justification)

Chair \_\_\_\_\_ Date \_\_\_\_\_

**APPEALS PROCESS:** **ACCEPT:** \_\_\_\_\_ **REJECT:** \_\_\_\_\_ **NOT REQUESTED:** \_\_\_\_\_

Reason for decision \_\_\_\_\_

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-3882; TTY/TDD Services: 7-1-1.